

Form

990**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service**A For the 2005 calendar year, or tax year beginning****B** Check if applicable☒ Address change☐ Name change☐ Initial return☐ Final return☐ Amended return☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**AMERICANS FOR LTD GOVERNMENT INC**

Number and street (or P O box if mail is not delivered to street address)

20 N. WACKER DRIVE, SUITE 3330

Room/suite

City or town, state or country, and ZIP + 4

CHICAGO**IL 60606****D** Employer identification no.**36-3975580****E** Telephone number**312-920-0080****F** Accounting method. ☐ Cash☒ Accrual ☐ Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ☐ Yes ☐ No**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instr.)

H(d) Is this a separate return filed by anorganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ☐**M** Check ☐ if the organization is not required

to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: **WWW.GETLIBERTY.ORG****J** Organization type(check only one) ☒ 501(c) (**4**) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **5,458,906****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

1	Contributions, gifts, grants, and similar amounts received		
a	Direct public support	1a	5,449,874
b	Indirect public support	1b	
c	Government contributions (grants)	1c	
d	Total (add lines 1a through 1c) (cash \$ 5,449,874 noncash \$)	1d	5,449,874
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	5,737
5	Dividends and interest from securities	5	
6a	Gross rents	6a	
b	Less rental expenses	6b	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7	Other investment income (describe SEE STATEMENT 1)	7	1,295
8a	Gross amount from sales of assets other than inventory	8a	
b	Less cost or other basis and sales expenses	8b	
c	Gain or (loss) (attach schedule)	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	
b	Less direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)	11	2,000
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,458,906
13	Program services (from line 44, column (B))	13	2,744,616
14	Management and general (from line 44, column (C))	14	15,422
15	Fundraising (from line 44, column (D))	15	75,308
16	Payments to affiliates (attach schedule)	16	
17	Total expenses (add lines 16 and 44, column (A))	17	2,835,346
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	2,623,560
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	22,199
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,645,759

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

SCANNED DEC 04 2006

2-9 19

**Part II Statement of
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) STMT 2 (cash \$ 2,161,859 non-cash \$) If this amount includes foreign grants, check here <input type="checkbox"/>	22	2,161,859	2,161,859		
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	6,370	5,525	650	195
26 Other salaries and wages	26	45,024	30,140	8,050	6,834
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	3,632		3,632	
30 Professional fundraising fees	30				
31 Accounting fees	31	1,461		1,461	
32 Legal fees	32	2,524	2,524		
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35	19,033			19,033
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	3,180	3,180		
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize) a SEE STATEMENT 3 b c d e f g	43a 43b 43c 43d 43e 43f 43g	592,263 	541,388 	1,629 	49,246
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,835,346	2,744,616	15,422	75,308

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$,

(iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ SEE STATEMENT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) & (4) orgs, & 4947(a)(1) trusts, but optional for others.)

a RESEARCH AND EDUCATION REGARDING LIMITED GOVERNMENT IDEAS.

(Grants and allocations \$ **2,161,859**) If this amount includes foreign grants, check here ☐ **2,744,616**

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)**▶ 2,744,616**Form **990** (2005)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets	45 Cash-non-interest-bearing		1,280	45
	46 Savings and temporary cash investments		15,084	46
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b		47c
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes and loans receivable (attach schedule) SEE WORKSHEET	51a	550,737	
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		106,168	52
	53 Prepaid expenses and deferred charges			53
	54 Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54
	55a Investments-land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments-other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation (attach schedule)	57b		57c	
58 Other assets (describe <input type="checkbox"/>)			58	
59 Total assets (must equal line 74) Add lines 45 through 58		122,532	59	2,645,759
Liabilities	60 Accounts payable and accrued expenses			60
	61 Grants payable			61
	62 Deferred revenue			62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule)			64b
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 5)		100,333	65
66 Total liabilities. Add lines 60 through 65		100,333	66	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted			67
	68 Temporarily restricted			68
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds		22,199	72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		22,199	73
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		122,532	74	2,645,759

a	Total revenue, gains, and other support per audited financial statements
b	Amounts included on line a but not on Part I, line 12
1	Net unrealized gains on investments
2	Donated services and use of facilities
3	Recoveries of prior year grants
4	Other (specify):

b1
b2
b3
b4

a	
b	
c	
d	
e	

Add lines b1 through b4

c Subtract line **b** from line **a**

d Amounts included on Part I, line 12, but not on line a:

- 1** Investment expenses not included on Part I, line 6b
2 Other (specify)

d1
d2

Add lines d1 and d2

e Total revenue (Part I, line 12). Add lines c and d.

a	Total expenses and losses per audited financial statements
b	Amounts included on line a but not Part I, line 17
1	Donated services and use of facilities
2	Prior year adjustments reported on Part I, line 20
3	Losses reported on Part I, line 20
4	Other (specify):

b1
b2
b3
b4

a	
b	
c	
d	
e	

Add lines b1 through b4

c Subtract line **b** from line **a**

d Amounts included on Part I, line 17, but not on line a:

- 1** Investment expenses not included on Part I, line 6b
2 Other (specify):

d1
d2

Add lines d1 and d2

e Total expenses (Part I, line 17) Add lines c and d

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

[illegible]

Yes	No
-----	----

75b

x

75c

x

75d

x

d Does the organization have a written conflict of interest policy?

Yes	No
-----	----

76

X

77

X

78a

x

78b

79

X

80a

1

81a Enter direct and indirect political expenditures. (See line 81 instructions)

81a

81b

X

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
85a	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
85b	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members	0	
85d	Section 162(e) lobbying and political expenditures	0	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	0	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	0	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86a			
86b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
87a	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 IL , section 4912 IL , section 4955 IL		
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		0
89d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed IL		
90b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		10
91a	The books are in care of THE ORGANIZATION 20 N. WACKER DRIVE Located at CHICAGO, IL	Telephone no 312-920-0080	ZIP + 4 60606
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
91c	If "Yes," enter the name of the foreign country IL See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the United States?		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					5,737
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					1,295
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b OTHER INCOME					2,000
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	9,032
105 Total (add line 104, columns (B), (D), and (E))					9,032

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>John Bellman</i>		Date 11/7/06	
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>		Date 10/12/06	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ALLIANT ADVISORS, P.C. 2500 W HIGGINS RD STE 105 HOFFMAN ESTATES, IL 60195-5220		EIN 36-3473124	Preparer's SSN or PTIN (See Gen Instr W) P00142967
			Phone no 847-490-1040	

Forms
990 / 990-PF**Other Notes and Loans Receivable****2005**

For calendar year 2005, or tax year beginning , and ending

Name

Employer Identification Number

AMERICANS FOR LTD GOVERNMENT INC**36-3975580****FORM 990, PART IV, LINE 51A - ADDITIONAL INFORMATION**

Name of borrower	Relationship to disqualified person
(1) AMERICANS FOR LIMITED GOVERNMENT FOU	
(2) U.S. TERM LIMITS	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 225,000	12/31/05	12/31/06	DEMAND	9.000
(2) 320,000	12/31/05	12/31/06	DEMAND	6.000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) UNSECURED	WORKING CAPITAL
(2) UNSECURED	WORKING CAPITAL
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	106,168	225,000	
(2)		325,737	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	106,168	550,737	

Federal Statements**Statement 1 - Form 990, Part I, Line 7 - Other Investment Income**

Description	Amount
INVESTMENT INCOME	\$ 1,295
TOTAL	\$ 1,295

Federal Statements**Statement 2 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**

	Name Address	Relationship to Org	Class of Activity		BV Explantn	FMV Explntn
	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib		
VARIOUS			\$ 2,161,859	\$	\$	
TOTAL			\$ 2,161,859	\$ 0	\$ 0	

Federal Statements**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
ADVERTISING & PROMOTION	161		161	
BANK SERVICE CHARGES	258		258	
CONSULTANT	87,199	87,199		
FEES & PERMITS	200			200
MAILING LISTS	49,046			49,046
MEALS & ENTERTAINMENT	624		624	
MEDIA	337,596	337,596		
MISCELLANEOUS	236		236	
OTHER TAXES	305		305	
PARKING & TOLLS	45		45	
RESEARCH	115,072	115,072		
WEBSITE DEVELOPMENT	1,521	1,521		
TOTAL	\$ 592,263	\$ 541,388	\$ 1,629	\$ 49,246

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

TO INFORM, EDUCATE AND RALLY AMERICANS TO RESTORE A SMALLER
GOVERNMENT BY PROMOTING LIMITED GOVERNMENT IDEAS THAT
REDUCE THE SIZE AND SCOPE OF OUR GOVERNMENT.

Federal Statements**Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
NOTE/INT PAY-LEGIS ED ACTION DRIVE	\$ 100,333	\$
TOTAL	\$ 100,333	\$ 0

Federal Statements**Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees**

Name	Address					
	City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses
TRAVIS ANDERSON	NEW YORK NY 10019	DIRECTOR	0	0	0	0
STEVE BAER	RIVERSIDE IL 60546	DIRECTOR	0	0	0	0
ROBERT COSTELLO	EVANSTON IL	DIRECTOR	0	0	0	0
ED CRANE	WASHINGTON DC 20001	DIRECTOR	0	0	0	0
PAUL FARAGO	PORTLAND OR	DIRECTOR	0	0	0	0
FRAYDA LEVY	MOUNTAIN LAKE NJ	DIRECTOR	0	0	0	0
ERIC O'KEEFE	SPRING GREEN WI	TREASURER	0	0	0	0
KELLY O'KEEFE	RICHMOND VA	DIRECTOR	0	0	0	0
HOWARD RICH	NEW YORK NY	CHAIRMAN	0	0	0	0
JOHN TILLMAN	GOLF IL 60029	PRESIDENT	40	6,500	0	0
DAVID VANDERVEEN	LAGUNA BEACH CA	DIRECTOR	0	0	0	0
WILLIAM WILSON	FAIRFAX VA 22032	DIRECTOR	0	0	0	0

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete **Part II** if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	AMERICANS FOR LTD GOVERNMENT INC	36-3975580
	Number, street, and room or suite no. If a P.O. box, see instructions 20 N. WACKER DRIVE, SUITE 3330	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CHICAGO IL 60606	

Check type of return to be filed (File a separate application for each return)

- | | | |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **▶ THE ORGANIZATION**
Telephone No **▶ 312-920-0080** FAX No **▶ 312-920-0090**
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ☐ If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **11/15/06**
- 5 For calendar year **2005**, or other tax year beginning _____, and ending _____
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **▶ CPA** Date **▶ 8/04/06****Notice to Applicant-To Be Completed by the IRS**

- ☒ We have approved this application. Please attach this form to the organization's return
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- ☐ Other

By _____

Director

Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name ALLIANT ADVISORS, P.C.	EXTENSION APPROVED SEP 01 2006 FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN
	Number and street (include suite, room, or apt. no.) or a P.O. box number 2500 W HIGGINS RD STE 105	
	City or town, province or state, and country (including postal or ZIP code) HOFFMAN ESTATES IL 60195-5220	